

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101573570

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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11						
12						
13						
14						
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16						
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19						
20	1					
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33						
34						
35						
36						
37	1					
38						
39						
40						
41						
42						
43						
44						
45	1					
46						
47						
48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	49	←		←		←
TOTAL CLAIMS	53					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						